

PHYSICAL EDUCATION EXEMPTION

Rockford Board of Education District #205

STUDENT NAME _____ STUDENT NUMBER _____

SCHOOL _____

next year
GRADE _____

Check (✓) the reason for this exemption request.

next year
Academy _____

_____ IEP specifies that the time which would otherwise be used for PE is to be used for special education support and services **FR/SO/JR/SR**
Attach a copy of the IEP

_____ Marching Band (15203, 15206, 15209, 15212, 62400CP, 62403) **FR/SO/JR/SR**

_____ R.O.T.C. **FR/SO/JR/SR**

_____ CAPA Dance **FR/SO/JR/SR**

_____ To participate in an interscholastic athletic program **JR/SR**
Activity/Activities: _____

_____ To meet graduation requirements **JR/SR**
All classes must be requirements for graduation, no electives.
Class(es) _____

_____ To meet specific course requirements for admission to a higher education institution **JR/SR**
Class(es) _____

_____ For specific medical or religious reasons. Please provide documentation. **FR/SO/JR/SR**
Class(es) _____

Signatures required for approval:

Parent/Guardian _____ Date _____

Counselor: _____ Date _____

Administrator _____ Date _____

**In order for a P.E. exemption to be granted, this form must be returned
to your counselor with registration materials**